



COUNTY OF LOS ANGELES
Public Health

JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
Chief Deputy Director

Substance Abuse Prevention and Control

JOHN VIERNES, JR.

Director
1000 South Fremont Avenue
Building A-9 East, Third Floor
Alhambra, CA 91803
TEL (626) 299-4193 • FAX (626) 458-7637

www.publichealth.lacounty.gov

April 30, 2012



BOARD OF SUPERVISORS

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

SAPC BULLETIN NO. #12-01

TO: Executive Directors
Assembly Bill 109 Providers

FROM: John Viernes, Jr., Director
Substance Abuse Prevention and Control

SUBJECT: **PROCEDURES FOR REQUESTS FOR ASSEMBLY BILL 109 TREATMENT EXTENSIONS**

The purpose of this bulletin is to provide you with procedures and required documentation for agencies requesting treatment extensions under the Public Safety Realignment Act, Assembly Bill (AB) 109.

AB 109 contracts with Substance Abuse Prevention and Control (SAPC) allow for a maximum of 180 days of treatment services (combination of Residential, Outpatient, and Alcohol and Drug Free Living Centers). Requests for treatment extensions beyond 180 days must be submitted to SAPC for approval, and should be based on clinical need, rather than the sole purpose of housing.

All requests for extensions must be submitted, with the required documentation, 45 days prior to the client reaching the end of the treatment episode. Documents shall be forwarded to your agency's assigned Contract Program Auditor (CPA) for review and approval. The CPA will notify the program once the extension is approved. Additionally, copies of the requests for extensions and approvals shall be placed in the client's file.

The following list outlines the mandatory information that is required for all requests for extensions:

- Completion of the attached SAPC request for extension form
- Supporting documentation of approval from the Deputy Probation Officer
- Justification for the treatment extension (extensions only for housing are not permitted)

If you have any questions or need additional information, please contact your assigned CPA or the SAPC Helpline at (888) 742-7900, Monday to Friday, from 8:00 a.m. to 5:00 p.m.

JV:js
P:/Assign11-12/AB109/Bulletin

Attachment

COUNTY OF LOS ANGELES-DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL

REQUEST FOR EXTENDED TREATMENT
PUBLIC SAFETY REALIGNMENT ACT – ASSEMBLY BILL 109

NAME OF POSTRELEASE SUPERVISED PERSON: _____

PB #: _____ X #: _____

PROVISIONAL APPROVAL

DATE OF REQUEST: _____

AGENCY NAME: _____

CONTACT PERSON NAME/PHONE: _____

ADMISSION DATE: _____ (CIRCLE): RESIDENTIAL or OUTPATIENT

CLINICAL JUSTIFICATION

PROBLEM STATEMENT: _____

GOALS: _____

OBJECTIVE: _____

DATE RESOLVED: _____

(ATTACH APPROVAL FROM PROBATION/COURT)

TREATMENT EXTENSION REQUESTED: ____ DAYS (Maximum 45 days)

FINAL DETERMINATION (Completed by: Substance Abuse Prevention and Control)

DOCUMENTATION SUPPORTS NEED FOR EXTENSION: YES ____ NO ____

APPROVAL: _____

DENIAL: _____

REASON FOR DENIAL: _____

COMMENTS: _____

CONTRACT PROGRAM AUDITOR

DATE

Form may be submitted to: YOUR CONTRACT PROGRAM AUDITOR via fax to: (626) 299-7226.